



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E272995**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-02418
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
--------------------	--

DATE OF COLLISION	09	-	27	-	2013	TIME (2400)	0740	COUNTY #	31	MILES		N	E	IN	OF	0664	CITY #	
-------------------	----	---	----	---	------	-------------	------	----------	----	-------	--	---	---	----	----	------	--------	--

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		
91ST AVE SE	BLOCK NO.	119	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)		FEET	S	W	
----------	--	-------	---	---	--------------------------------	--	------	---	---	--

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	D: 4253452635
---------	---	--------------------------------------	----------------------	---	-----------------------------	-------	---------------

LAST NAME	LOHNES	FIRST NAME	ASHLEY	MIDDLE INITIAL	M
-----------	--------	------------	--------	----------------	---

STREET NEW ADDRESS	119 91ST AVE SE #6C
--------------------	---------------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	--------------	----	----	-----	-------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	LOHNEAM119B3	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	01	23	1989
--------------------	--------------	-------	----	-----	---	--------	----------	----	----	------

ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
---------	--------------------------	--------	--	--------	---	--------	---	-------	---	------------	--	--------------	---	--------------------	--

LICENSE PLATE #	994WMG	STATE	WA	VIN#	WBAVC53587FZ71043
-----------------	--------	-------	----	------	-------------------

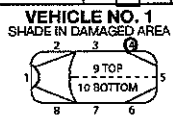
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2007	MAKE	BMW	MODEL	328i	STYLE	4T	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
-----------	------	------	-----	-------	------	-------	----	---------------	------------------------------	--	----------	--	---------------	------------------------------	--

REGISTERED OWNER INFO.	WASHINGTON STATE EMPLOYEE PO BOX WSECU OLYMPIA WA 98507
------------------------	---

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 75890187-6
-------------------------------	-------------------------------------	-------------------------	------------------------

VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
--------------------------	------------------------------	-----------------------------	------------	--	--------	--



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	
---------	---	--------------------------------------	-------------------------------------	---	----------------------	---	-----------------------------	-------	--

LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
-----------	---------	------------	--	----------------	--

STREET NEW ADDRESS	
--------------------	--

CITY		ST		ZIP	
------	--	----	--	-----	--

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY			
--------------------	--	-------	--	-----	---	--------	----------	--	--	--

ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
---------	--------------------------	--------	--	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------	--

LICENSE PLATE #	700WDL	STATE	WA	VIN#	WBABF3322SEF50537
-----------------	--------	-------	----	------	-------------------

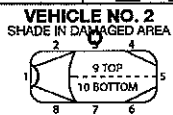
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	1995	MAKE	BMW	MODEL	325	STYLE		VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
-----------	------	------	-----	-------	-----	-------	--	---------------	------------------------------	--	----------	--	---------------	------------------------------	--

REGISTERED OWNER INFO.	ADAM CAVE 110 N. LENORE AVE ARLINGTON WA D: 4258707184
------------------------	--

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE
-------------------------------	-------------------------------------	-------------------------	-------------

VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
--------------------------	------------------------------	-----------------------------	------------	--	--------	--



OFFICER'S NAME (PRINT)	BOB SUMMERS	BADGE OR ID #	079	AGENCY	WA0311900
------------------------	-------------	---------------	-----	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E272995**

CASE # **13-02418**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY								
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY								
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY								
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit #1 backed into a parked vehicle on the roadway in front of aptmnt # 14B. The parked vehicle was parked directly behind the path of Unit #1. Unit #1 sustained minor damage to the right rear bumper and the parked vehicle recieved a large dent on the passenger door.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

BOB SUMMERS

09-27-13 12:17 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

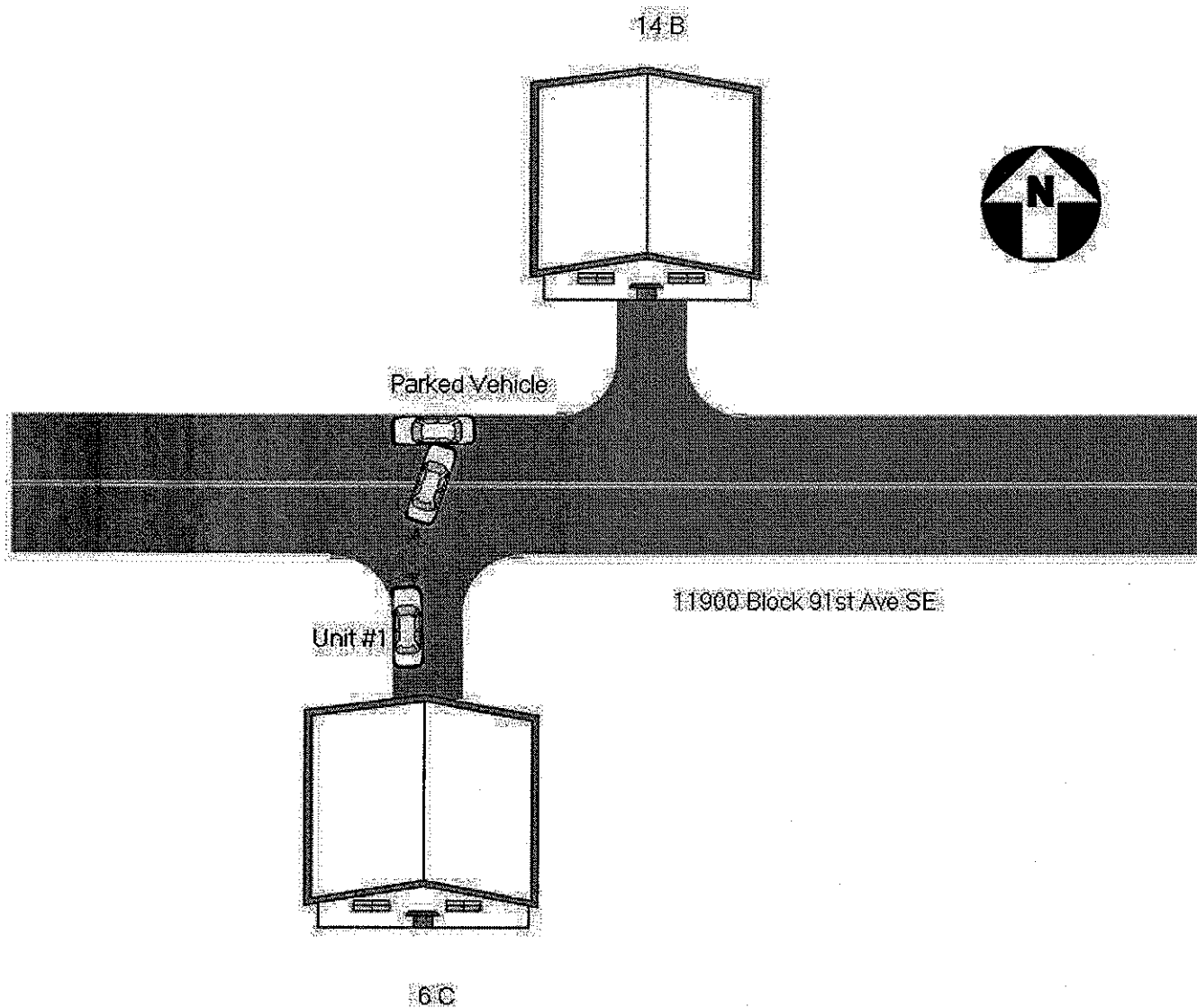
9/27/2013 12:36:30 PM

BADGE OR ID # **079**

ORI # **WA0311900**

TIME POLICE DISPATCHED **7:47 AM**

TIME POLICE ARRIVED **7:56 AM**



LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number SGT. R. SUMMERS #79		Case Number 13-02418	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: COLLISION		Date/Time: 9-27-13	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # 1	Item CD-R	Brand Name SONY	Storage Location	Disposition
Action # 3	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found	Weight of Narcotic	

Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions PHOTOS					

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found	Weight of Narcotic	

Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found	Weight of Narcotic	

Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found	Weight of Narcotic	

Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ORIGINAL ROUTING: White: Property Room Yellow: Case File	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:		
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:		

Received	09/27/13	07:46:40	BY SPCT05	SP0285
Entered	09/27/13	07:47:42	BY SPCT05	SP0285
Dispatched	09/27/13	07:47:56	BY SPDP17	SP0345
Enroute	09/27/13	07:47:56		
Onscene	09/27/13	07:56:10		
Closed	09/27/13	08:17:41		

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT

Src: 9

Loc: 119 91 AV SE , LKS btwn MERIDIAN PL NE & 2 PL SE (V)

Latitude: (+) 47.988614 Longitude: (-) 122.103338

Loc Info:

Name: LOHNES, LACEY Addr: Phone: 4253452635

```

/0747 (SP0285) ENTRY ,AC, NON INJ, BLKING, 2 BMW'S RED AND GRN
/0747 (SP0345) DISPER SS1912 #SS79 SUMMERS, SGT (ROBERT)
/0756 ONSCNE SS1912
/0801 (*****) REMINQ SS1912 994WMG
/0801 (SP0345) REMINQ SS1912 LIC, 1912, 994WMG, , ,
/0801 (*****) REMINQ SS1912 700WDL
/0801 (SP0345) REMINQ SS1912 LIC, 1912, 700WDL, , ,
/0804 (SS79 ) *MISC SS1912 ,UNIT 1 PROGRESSIVE 901444888 01/14
/0804 REMINQ SS1912 MDTWANT, CAVE, ADAM, M, 072281, M, , WA, , , , , , , , , ,
/0806 REMINQ SS1912 MDTWANT, LOHNES, ASHLEY, M, 012389, F, , WA, , , , , , , , , ,
/0806 (SP0345) ASNCAS SS1912 $SS13002418
/0817 CLEAR SS1912 D/H
/0817 CLOSE SS1912

```

ORIGINAL